

# YUMA COUNTY GRANT REVIEW FORM

Form Initiator:	Department/Division:	Date prepared:
		Telephone:
Grantor:	Grant Title:	Grant Term: From:                      To:
Grant review needed by _____	Fund no/Dept no: _____ Revenue code: _____ (To be assigned by Financial Services if new)	
New Grant _____	Amendment No. _____ (Increase \$ _____ /Decrease \$ _____)	
Briefly describe purpose of grant::		
If amendment, provide reason::		
If this is a mandated service, cite source. If not mandated, cite indications of local customer support for this service.		

Funding Sources	Federal Funds	State Funds	County Funds	Other	Total
Current Fiscal Year					
Remaining Yrs ____					
Total Revenue					

Source of County funding (match) if needed (include department name, fund and department number):   None	Federal Catalog of Federal Domestic Assistance (CFDA) No.:
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Method of collecting grant funds:   Lump sum payment _____   Quarterly payments _____   Draw _____   Reimbursement _____
Is revertment of unexpended funds required at end of grant period?   Yes _____   No _____

Cost of Services	Direct	Indirect	Total
Current Fiscal Year			
Remaining Years _____			
Total Cost			

Does Grantor accept indirect costs as an allowable expenditure? _____ If yes, dollar amount or percentage allowed: _____
Number of new positions that will be funded from grant: _____ Number of existing positions funded from grant: _____
Other County agencies impacted:
Does the Agency Head accept all terms of the County=s Grants Management Policy?   Yes _____   No _____ If not, which exceptions should be made and why:

**ATTACH APPROPRIATE DOCUMENTATION (COPY OF GRANT, AMENDMENT, GRANTING LETTER, EXPLANATION/JUSTIFICATION)**

<b>REVIEW BY FINANCIAL SERVICES IS REQUIRED FOR ALL NEW GRANTS, RENEWALS &amp; BUDGET AMENDMENTS</b>	
Budget revision required _____    Matching funds identified & available _____    Indirect costs identified _____ Comments:  Signature/Date: _____	
<b>REVIEW OF NEW GRANTS BY COUNTY ATTORNEY</b> Approved as to form Yes _____ No _____ Comments:  Signature/Date: _____	<b>REVIEW BY COUNTY ADMINISTRATOR/CLERK OF THE BOARD</b> Recommend Board:   Approve _____   Disapprove _____ Comments:  Signature/Date: _____